<div align="center">

WISCONSIN MEDICAID
STAT-PA SPECIALIZED MEDICAL VEHICLE WORKSHEET

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Providers may find it helpful to enter the information requested in each category in the spaces provided to the right of each item before connecting to the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system.

Name — Recipient	
Prior Authorization Number The STAT-PA system will indicate the seven-digit PA number at the end of the transaction. Please record the number here.	____ ____ ____ ____ ____ ____ ____

STAT-PA WORKSHEET
The STAT-PA system will ask for the following items in the order listed below.

Wisconsin Medicaid Provider Number Enter the provider's eight-digit Medicaid provider number.	____ ____ ____ ____ ____ ____ ____ ____
Recipient Medicaid Identification Number Enter the recipient's ten-digit Medicaid identification number. This can be found on the recipient's Medicaid identification card.	____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Procedure Code of Service Requested Enter procedure code S0209 (Wheelchair van, mileage, per mile)	Enter *73 0 2 0 9
Diagnosis code Enter diagnosis code V63.0	Enter *83 6 3 0
Place of Service (POS) Code Enter the POS code for this trip. The POS code for specialized medical vehicle providers may be "**03**" (School), "**04**" (Homeless Shelter), "**05**" (Indian Health Service Free-Standing Facility), "**06**" (Indian Health Service Provider-Based Facility), "**07**" (Tribal 638 Free-Standing Facility), "**08**" (Tribal 638 Provider-Based Facility), "**11**" (Office), "**12**" (Home), "**21**" (Inpatient Hospital), "**22**" (Outpatient Hospital), "**23**" (Emergency Room — Hospital), "**24**" (Ambulatory Surgical Center), "**31**" (Skilled Nursing Facility), "**32**" (Nursing Facility), "**50**" (Federally Qualified Health Center), "**51**" (Inpatient Psychiatric Facility), "**54**" (Intermediate Care Facility/Mentally Retarded), "**71**" (State or Local Public Health Clinic), "**72**" (Rural Health Clinic), or "**99**" (Other Place of Service).	____ ____
Requested Date of Service (DOS) Enter the date in the eight-digit MMDDYYYY format. The first DOS entered may be up to 31 calendar days in the future. In the event that the STAT-PA system is unavailable at the time the service is provided, the PA request may be backdated up to four calendar days.	____ ____ ____ ____ ____ ____ ____ ____
Number of days allowed by prescription	
Completed Certification of Need for Specialized Medical Vehicle Transportation Form on File?	**1 = YES**　　　　**2 = NO**
Prescription Date Enter the eight-digit signature date on the prescription in MMDDYYYY format. The prescription date cannot be more than six months in the past from the requested grant date.	____ ____ ____ ____ ____ ____ ____ ____

REMINDER: A PA number will be assigned at the end of the transaction. Please enter the assigned PA number in the space provided at the top of this worksheet below the recipient's name.